

Express Scripts Medicare Prescription Drug Benefits

Express Scripts Medicare® (PDP) for the State of Delaware

Your Prescription Drug Plan Benefit

The drug benefit described in this document is your final benefit after combining the standard Medicare Part D benefit with additional drug coverage being provided by the State of Delaware. The following table provides a summary of what you will pay for covered prescription drugs across the different stages of your Medicare Part D benefit. You can fill your covered prescriptions at any participating retail network pharmacy or by mail through the Express Scripts PharmacySM. Some network retail pharmacies in your plan will only dispense a one-month supply, while Walgreens as well as select local retail pharmacies (including some grocery store chains) will provide up to a 90-day supply. Please visit our website at express-scripts.com or call Express Scripts Medicare Customer Service for more information.

Plan Premium	Your actual premium will be determined by the portion of the State contribution for which you are eligible, according to your years of service and retirement date.			
Initial Coverage stage	You will pay the following copayments:			
	Tier	Retail One-Month (31-day) Supply	Retail Three-Month (90-day) Supply	Home Delivery Three-Month (90-day) Supply
	Tier 1: Generic Drugs	\$8 copayment	\$16 copayment*	\$16 copayment
	Tier 2: Preferred Brand Drugs	\$28 copayment	\$56 copayment*	\$56 copayment
	Tier 3: Non-Preferred Brand/Generic Drugs	\$50 copayment	\$100 copayment*	\$100 copayment
	<p>*Some retail pharmacies in your plan only provide a one-month supply of your covered prescriptions at the one-month supply cost-share.</p> <p>You may fill 90-day maintenance prescriptions (medications taken on a long-term basis) at a participating retail pharmacy. You may also receive up to a 90-day supply of certain maintenance drugs by mail through the Express Scripts Pharmacy. There is no charge for standard shipping. Not all drugs are available at a 90-day supply.</p>			
Catastrophic Coverage stage	<p>After your yearly out-of-pocket drug costs (what you and others pay on your behalf, including manufacturer discounts but excluding payments made by your Medicare prescription drug plan) reach \$5,100 you will pay the greater of 5% coinsurance or:</p> <ul style="list-style-type: none"> a \$3.40 copayment for covered generic drugs (including brand drugs treated as generics), with a maximum not to exceed the standard copayment during the Initial Coverage stage a \$8.50 copayment for all other covered drugs, with a maximum not to exceed the standard copayment during the Initial Coverage stage. 			

Three Copay/Coinsurance Levels/Tiers

The prescription drug program has three copay levels (tiers) for covered prescriptions. The amount you pay for your prescription depends on whether the drug is:

- A generic drug or a brand name drug, and
- On the Express Scripts Medicare Formulary (a list of preferred drugs).